PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-003U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Approriations Act. 2005 (H.R. 4818). 09/811,367 Application Number **TRANSMITTAL** March 16, 2001 Filing Date for FY 2005 NOBUAKI TAKAHASHI First Named Inventor **Examiner Name** Huynh, P. Applicant claims small entity status. See 37 CFR 1.27 1644 Art Unit 031989-0278719 TOTAL AMOUNT OF PAYMENT (\$) 1,520Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): PILLSBURY WINTHROP SHAW 033975 Deposit Account Name: PITTMAN LLP Deposit Account X Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fees(s) under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit Card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity Small Entity Small Entity Fee Paid (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 100 Utility 250 300 150 100 500 130 Design 50 200 100 100 160 80 Plant 150 200 100 300 Reissue 600 300 300 150 500 250 Provisional 200 100 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 200 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 360 180 Multiple dependent claims **Multiple Dependent Claims Total Claims** Fee Paid (\$) Extra Claims Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Extra Claims Indep. Claims Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets **Extra Sheets** /50= (round up to a whole number) x 4. OTHER FEE(S) Fee Paid (\$) Non-English Specification, 130 fee (no small entity discount) Other: Notice of Appeal (500), Extension of Time 1,520.00

SUBMITTED BY				
Signature		70	Registration No. (Attorney/Agent) 43488	Telephone 858509.4065
Name (Print/Type)	Røbert M. Bedgood			Date November 29, 2005

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